

LTBB Education Department 7500 Odawa Circle, Harbor Springs, MI, 49740

Processed by:	
	Initials
Application #:	

Fall 2018 College Tour Application:

Application Deadline: October 5th, 2018 Applicant Name Date of Birth Tribal # (If Applicable) Address PO Box# City State Zip Code Grade Level School Attending Phone # Are you a first generation college student (first to attend college in your family)? Yes No Parent/Guardian Personal # Work# **Emergency Contact** Relationship to Applicant Phone # Transportation Permissions: (Please initial the following) I give my child permission to ride in a LTBB government vehicle. I give my child permission to ride on a college campus bus. I give my child permission to carpool with another parent or LTBB employee. PERSON(S) OTHER THAN PARENT/GUARDIAN AUTHORIZED TO PICK UP AND/OR DROP OFF CHILD/CHILDREN: 1. Name (please print) Phone Number _____ Relationship (please circle one): Grandparent Other Relative Family Friend Daycare Provider 1. Name (please print) ______ Phone Number _____ Relationship (please circle one): Grandparent Family Friend Other Relative Daycare Provider Signature Date

Printed Name

(If participant is under 18 years of age Parent/Guardian must sign.)